

**Wage/Fringe Benefit Certification**

(To Be Completed by Contractor/Subcontractors Prior to Contract Award.)

GRANTEE: \_\_\_\_\_

GRANT: \_\_\_\_\_

PROJECT: \_\_\_\_\_

This is to certify that \_\_\_\_\_ plans to use the following classifications of workers on the above referenced project:

From Applicable Wage Decision				Base Wage to be paid by Contractor	Fringe Benefits to be provided by Contractor		Total Package to be paid by Contractor
Classification	Base Wage Due	Fringe Benefits Due	Total Package Due		Benefit	Hourly Amount	

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be Certified by Owner or Chief Financial Officer)